

IC File # _____

NOTICE TO THE COMMISSION OF ASSIGNMENT OF REHABILITATION PROFESSIONAL

Emp. Code # _____

Carrier Code # _____

Carrier File # _____

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

Employer FEIN _____

Employee's Name _____			Employer's Name _____ () _____			Telephone Number _____		
Address _____			Employer's Address _____			City _____ State _____ Zip _____		
City _____ State _____ Zip _____			Insurance Carrier _____					
() _____			() _____					
Home Telephone _____			Work Telephone _____			Carrier's Address _____ City _____ State _____ Zip _____		
' M ' F _____			/ / _____			() _____ () _____		
Social Security Number _____ Sex _____			Date of Birth _____			Carrier's Telephone Number _____ Fax Number _____		

1. The case has been assigned to the following rehabilitation professional who meets the qualifications as outlined in Rule IV of the Industrial Commission Rules for Utilization of Rehabilitation Professionals in Workers' Compensation Claims.

Name of RP: _____ Telephone Number: _____
 _____ Fax Number: _____

 Name of Supervisor of Conditional Provider if Applicable _____
 Company: _____ Type of Certification: _____
 Address: _____ Certificate Number: _____

2. The purpose of this rehabilitation assignment is as follows (include date and type of injury):
- _____
- _____
- _____

3. This rehabilitation professional was assigned by the following carrier, self-insured employer, or third party administrator:

Date Completed: _____ Company Name: _____
 Signed By: _____ Official Title: _____
 Print Name: _____ cc: Plaintiff's Attorney _____

4. The Commission should return this completed form to _____ at Fax # _____
 (Name)

By accepting this assignment, the above-named Rehabilitation Professional agrees that he/she meets the qualifications of a qualified/conditional rehabilitation provider as outlined in Rule IV of the Industrial Commission Rules for Utilization of Rehabilitation Professionals.

NORTH CAROLINA INDUSTRIAL COMMISSION
THE FOREGOING ASSIGNMENT IS HEREBY
ACKNOWLEDGED:

MAIL OR FAX TO: NCIC - NURSES SECTION
4341 MAIL SERVICE CENTER
RALEIGH, NC 27699-4341
FAX: (919) 715-0282
MAIN TELEPHONE: (919) 807-2500
OMBUDSMAN: (800) 688- 8349